2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000075643** Jan 31, 2000 8:00 am **Secretary of State** ARLINETTE QUALITY BAKED PRODUCTS, INC. 01-31-2000 90089 049 ***150.00 Principal Place of Business Mailing Address 8701 NW 18 STREET 8701 NW 18 STREET PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-3303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0779293 Not Applicable _Country____ **\$8.75** Additional_ __ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLAMM, BRUCE Street Address (P.O. Box Number is Not Acceptable) 9400 SOUTH DADELAND BLVD SUITE 100 **MIAMI FL 33156** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change **PSD** Delete TITI F TITLE NAME NAME COHEN, SEYMOUR STREET ADDRESS 8701 NW 18 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 _ · · · · · ☐ Change ☐ Delete TITLE NAME COHEN, NELLIE NAME STREET ADDRESS 8701 NW 18 STREET STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP: PEMBROKE PINES FL 33024 Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP L '.... Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/25/00

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